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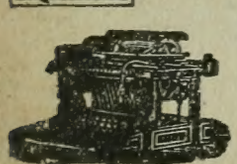

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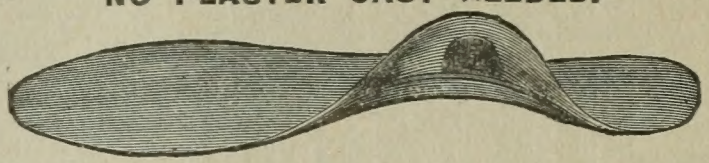

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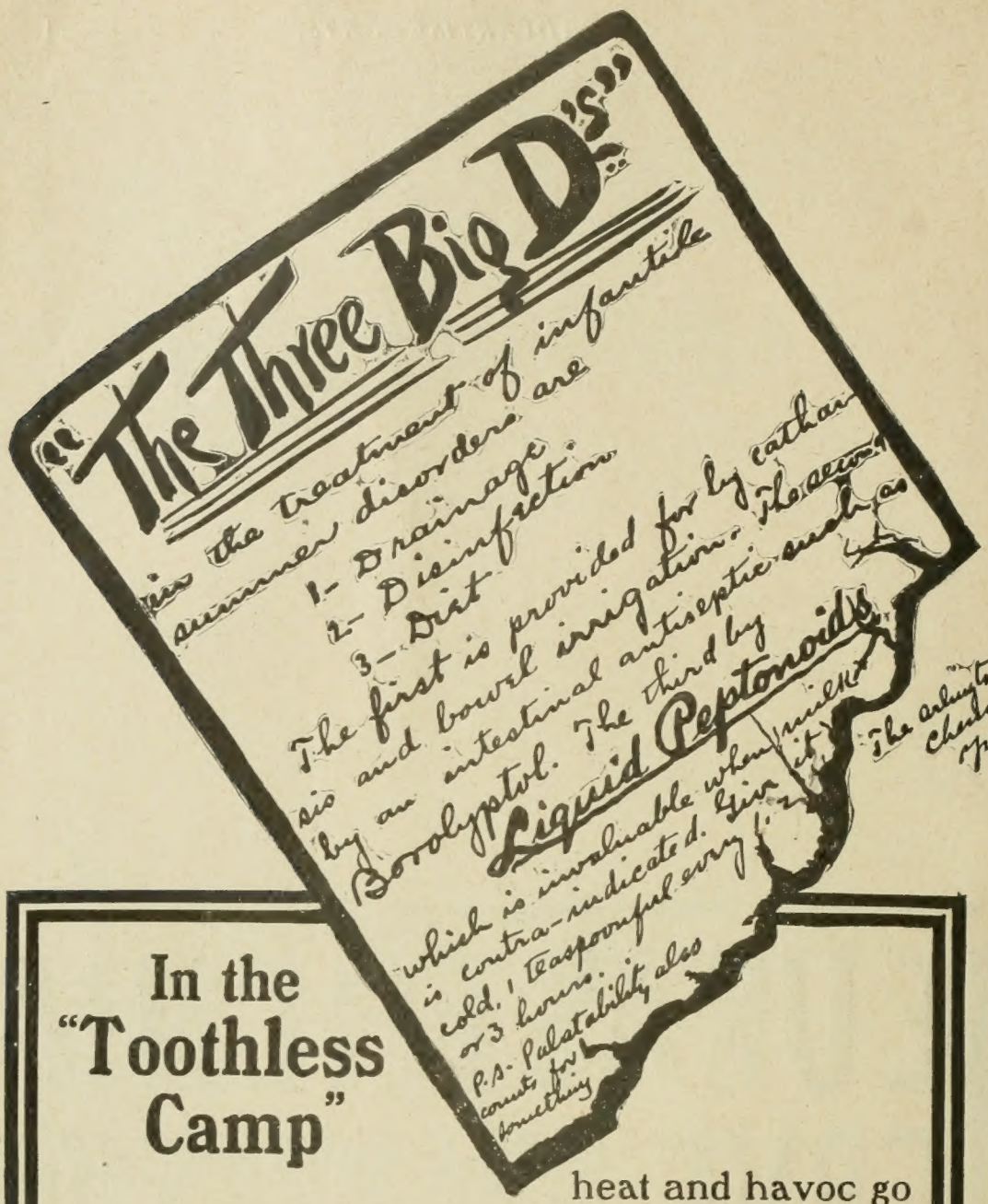
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CANADA
MEDICAL RECORD

JULY, 1901

Original Communications.

NOTES FROM THE CLINIC

Of DR. F. W. CAMPBELL.

Professor of Medicine, Faculty of Medicine, University of Bishop's College, at the Montreal General Hospital.

Codeine in doses of 1/8 to 1/4 of a grain three times a day is frequently successfully used in tickling cough. It is said to exert a special influence on the nerves of the larynx.

Attacks of asthma are often abatted by provoking nausea rapidly. For this purpose use ipecac, apomorphia. In the case of persons who do not smoke, tobacco may be used.

It is advisable to make a determined effort early to control a rheumatic attack. The longer a case lasts the greater probability of the heart becoming affected.

Charcoal, sub-nitrate of bismuth and carbonate of magnesia will often relieve gastric pain due to acidity or the presence of an excessive quantity of gas.

Alkalies, diuretics, laxatives and special attention to diet will often relieve rheumatic attacks in children better than will the salicylates.

When the steam bath is indicated in country practise it is easily and satisfactorily given by boiling dozen or more ears of corn, taking them from the water while boiling, wrapping in cloths moistened in hot water and packing them as close to the patient as possible. Keep him closely covered,

and a few moments will bring the most profuse perspiration you ever saw.

Ergotin, hypodermically, is by some considered superior to most remedies in facial neuralgia. It is said that one injection will bring about a prompt cure.

For the diarrohœa of typhoid fever there is nothing that will give more satisfaction than the salicylate of bismuth in doses of ten grains every four hours.

Various new remedies are being suggested to prevent pitting in smallpox, among them ecthol. Dr. Campbell has had large experience with smallpox, and says he knows nothing better than the application of tincture of iodine, twice daily for two days and then once a day till the pustules have arrived at maturity and dries. Then almond oil should be applied two or three times a day till the crusts fall off. The iodine treatment was introduced fifty years ago by Dr. James Crawford, of this hospital. In the everlasting rush for something new it has been forgotten.

To meet collapse strychnine is an invaluable remedy. We may give hypodermically 1-20th of a grain every two or three hours—until 1-3rd of a grain is given—then stop. Digitalis is also a valuable remedy in collapse.

Headache almost always yields to the simultaneous application of hot water to the feet and back of the neck.

A towel folded, dipped in hot water, wrung out rapidly and applied to the stomach acts like magic in cases of colic.

CHRONIC HYDROCEPHALUS.

This disease has for several years not been as frequently met with at this clinic as formerly. I do not think that this is due to any diminution in the number of cases, for I meet with it in private practice about as much as I ever did. I am, therefore, unable to explain its apparent infrequency here. Still we have had two or three cases lately, and the child now before you is one of the latest. The disease is characterized by an accumulation of fluid in the ventricles of the brain. In most cases it is congenital, or shows itself

within six months after birth. Some attribute it either to arrest of brain development or to chronic inflammation of the lining membrane of the ventricles. The amount of fluid varies from a few ounces to several pints. It is limpid in character, colorless and watery. The ventricular lining membrane is often thickened, granular and rough. The arachnoid membrane is often stretched. The brain is altered in shape, its convolutions being flattened. Its texture is at times firmer than normal. In other cases it is soft and has a macerated look. Generally the optic nerves are stretched—the cranial bones thin and spongy—the fontanels enlarged. The head enlarges sometimes enormously and becomes so heavy that the muscles are unable to hold it erect, so that it requires support. The forehead is prominent and large. The eyeballs are prominent and look downward. Distinct fluctuation can generally be felt in the fontanels. The face has a wedge shape look, while the countenance gives the child an oldish appearance. Squinting is common, and the child burrows its head on the pillow —depressing the posterior part. It often rolls the head from side to side. The child is peevish and irritable, and its sleep is broken ; often the first sign of waking is a sharp, shrill cry. Sight is impaired—sometimes there is total blindness. I have seen the latter more than once. If the child is old enough to walk there will be less of the co-ordinating power. Convulsions are not uncommon. The body wastes and the skin has a shrunken, shrivelled look—temperature is lowered. Appetite is often excessive and vomiting common. Bowels generally constipated and the stools unhealthy. Death is the usual termination, though I have seen more than one recovery. The disease may last several years. It generally terminates in a few months by coma or convulsions.

Treatment.—Endeavour to diminish the fluid in the ventricles by giving diuretics as infusion of digitalis—squills —compound spirits of juniper, nitrate and acetate of potash. The last is perhaps the best remedy we have, and to a child of six months two grains may be given every three hours.

The bowels should be relieved occasionally by a purgative, and for this purpose there is nothing better than grey powder. Restlessness may be treated by hyoscyamus and chloral and bromide of potash. When convulsions come on a combination of bromide of potash and chloral must be given—preceeded by a brisk purgative—such as a ten grain dose of calomel. I give such a dose of calomel constantly to a child a year or even eight months old. Pressure on the head may be tried if the child will bear it. This is done by a close fitting cap or by means of strips of adhesive plaster. These strips should be applied as follows: *First*, one strip from each mastoid process to the outer part of the orbit on the opposite side. *Second*, from the back of the neck along the longitudinal sinus to the root of the nose. *Third*, over the entire head, so that the different strips will cross each other at the vertex, and, lastly, a strip long enough to pass three times around the head, passing above the eyebrows, the ears and below the occipital protuberance. It must not be applied too tight or convulsions may ensue. Puncture of the distended ventricle has frequently been made, and in the presence of pressure symptoms would seem a rational operation. The aspirator needle may be inserted at the outer angle of the anterior fontanel. Only a few ounces of fluid should be removed at a time. Convulsions and acute meningitis have followed. It has also been recommended to puncture the sub-arachnoid sac between the third and fourth lumbar vertebrae. The spinal cord cannot be injured at this point, and the fluid can be removed more slowly and with much less danger to collapse. It is also advised to apply counter irritation to the nape of the neck in the form of sinapisms—biniodid of mercury ointment or a fly blister. Cod liver oil internally and by inunction is advised. The patient should be placed in a dark room and absolute quiet enjoined.

Selected Articles.

DISEASES OF THE LUNGS.

By ALBERT ABRAMS, A. M., M. D. (Heidelberg), San Francisco Cal.

Consulting Physician for Diseases of the Chest, Mt. Zion Hospital and the French Hospital.

COUGH.—This is a prominent symptom of disease of respiratory apparatus. The chief object of the act is the expulsion of pathologic products which, if allowed to accumulate, would result primarily in dyspnea to be followed by asphyxia. For this reason, the use of *narcotics* which render the respiratory mucosa anesthetic, are dangerous when the secretions are abundant. The probable direct cause of cough is irritation of the fibres of the pneumogastric nerve or its branches. A *cough center* is presumed to exist in the floor of the fourth ventricle. The mechanism of cough is briefly as follows; Following closing of the glottis and a deep inspiration, the intra-thoracic pressure by means of the auxillary muscles of expiration is augmented; then, with sudden opening of the glottis, an audible outrush of air ensues which in turn brings with it, the substances forming the sputa. Account must also be taken of the *bronchial musculature*, which surrounds the entire bronchial tree even to its ultimate ramifications. Inasmuch as this musculature is largely concerned in the genesis of phenomena associated with pulmonary neuroses, a few words concerning it will be apposite. Irritation of the vagus branches will bring these smooth muscular fibres to contraction, and after-section of the vagus in the dog, the bronchioles on that side become conpicuously relaxed. These fibres play an important rôle in coughing and expelling adventitious products resident in the bronchial tree. They confer on the bronchioles a distinct movement, such as we observe in other canals like the intestines, esophagus, etc. What has been denominated the *lung tone* is practically nothing more than the normal integrity of these muscular fibres. Under the influence of cutaneous irritation, as we will subsequently show in the study of the lung reflex, these fibres functionate as constrictor and dilator muscles. In the young, in whom the use of the muscles is unknown and for that matter in many adults, for coughing is in itself an art which must be learned, no expectorated material is brought to light. In the old or enfeebled, the musculture concerned in the expulsion of matter is deprived

of its normal tone. *Pain* from any cause may suppress a cough, and for this reason, the use of narcotics may be indicated. Narcotics subserve a useful purpose in diagnosis. Assuming we have a pleuritis complicating a pneumonia in which cough is a prominent symptom. If the cough is suppressed by doses of some narcotic, let us say opium, just enough to control pain, then we are in a position to say that the cough is probably caused by the pleuritis. When the mind is obtunded, as in brain lesions and the pyrexias, no cough is produced despite bronchial irritation, hence the tracheal mucous rattling, which has been popularly referred to as "*the death rattle*," is always an inauspicious sign. There are *different kinds of cough* from which a diagnostic inference may be drawn. The *dry cough*, unaccompanied by expectoration, is present as an initial symptom of phthisis, pleuritis, and what has been called a nervous cough. A *moist cough* is characteristic of free expectoration. We are all familiar with the *paroxysmal cough* of pertussis.

According to genesis, we may divide coughs into endo- and extra-pulmonary coughs. An endo-pulmonary cough is a reflex discharged from the respiratory tract in consequence of irritation of the vagus branches which supply this tract with sensory fibres. All parts of the bronchial mucosa are not equally sensitive to irritation, as has been repeatedly demonstrated by animal experiments. Accumulations of the mucus in the lung alveoli are incapable of exciting cough, and fail to do so until the accumulated material attains the mucosa of the communicating bronchiole. No reliance can be placed on the statement of the patient regarding the source of the expectoration. I have instituted inquiries in this direction among my phthisical patients, and the majority of them refer the source of the sputum to the upper part of the chest. This is no doubt due to the fact that the tracheal mucosa is extremely sensitive, and it is along the course of the trachea that the patient first feels the dislodged sputum. The relegation of a cough to its correct etiology is a perplexing problem. The intensity of a cough and the quantity of expectoration are usually proportionate. When this relation is disturbed we must look for an extra-pulmonary cause for the cough. Cough is an art that must be learned. Patients may be disciplined to inhibit a cough, and they may be educated to dislodge mucus by a single expulsive effort.

Dettweiler, a well-known phthisiologist, informs his patients, that to cough in public is as much a breach of

etiquette as to scratch one's head when it itches. At Falkenstein where there are a hundred patients, it is rarely that one hears a cough.

To my mind no chest examination is complete without the use of the Roentgen rays ; I employ them as a routine measure, as I do the low objective on my microscope, reserving the high power for detail work. I do not complete, but initiate an examination with the Roentgen rays, and having located a suspicious lung area, the usual methods of examination are employed to interpret its significance.

It not infrequently happens in our chest examinations, where auscultation is alone of value in diagnosis, that no anomalies of the respiratory sound are heard unless special manœuvres are invoked. Natural breathing is of no value in such instances. The patient must be taught "diagnostic breathing." The muscles of expiration must be brought into forcible action, so that expiration is intensified and prolonged. Auscultation of the lungs in different positions will, by increasing respiratory activity in definite areas, bring out certain sounds. One must not forget that in some persons, forced expiration causes a bronchospasm and develops sounds not unlike those of asthma. In such a contingency amyl nitrite inhalations are valuable. If the subject inhales the drug, we need not fear mistaking the sounds provoked by voluntary spasm of the bronchial tree. In some forms of bronchitis spasm may be an element in the dyspnea, and conversely a catharral factor may complicate an attack of asthma. *Nitrite of amyl* by inhalation removes the dyspnea, if occasioned by spasm, but does not influence it if dependent on bronchitis. To differentiate the rales caused by bronchitis from those of asthma, auscultate the chest after nitrite of amyl inhalation ; the rales of the former persist, while the latter are dissipated. This drug, when inhaled, will bring out certain sounds which would otherwise remain unnoticed.

Extra Pulmonary Coughs.—Such a cough must only be suspected when a systematic examination of the lungs proves negative, although we must not forget that the conventional methods in the examination of the lungs are not always crucial in negativing the presence of some anomaly. Since the advent of the Roentgen rays in clinical medicine, this fact has been most cogently demonstrated by skiascopy.

Spasm of the bronchial muscle is an undoubted element in many coughs notably in bronchial catarrh. In the latter

affection I have frequently encountered a spasmodic cough, which was practically asthma without the paroxysmal characteristics and which persisted despite the use of the conventional remedies. In such instances, *atropin* was diagnostic by its curative action. Spasmodic coughs rapidly yield to this remedy. I usually administer it in a solution—five grains to an ounce of water, one drop for a dose representing approximatively $\frac{1}{100}$ grain of the sulphate of atropin. Beginning with one drop three times a day, it is gradually increased by one drop daily until the physiologic effects (dryness of the mucous membranes and persistent mydriasis) become manifest. It is a superb vagus antispasmodic, and curtails the swelling and secretions of the bronchical mucosa.

Iodide of potash is another valuable drug in diagnosis. In suspected apical lung affections, where a modified respiration is present without rales, the latter may be produced artificially by the administration of the iodide. The same agent will also intensify the auscultatory phenomena of an old pleuritis by augmenting the pleural transudate. *Bromoform* is also an aid in diagnosis. There are many spasmodic coughs in adults as well as children which are practically cases of pertussis, even though the characteristic whoop is absent. In such atypical instances bromoform may aid us; and while it is not a specific in pertussis, it has a decided action on the paroxisms, such as is possessed by very few drugs.

The troublesome hacking cough often present in the tuberculosis state is, as a rule, unattended by expectoration, and this deprives us of a most important means of diagnosis. In such cases I avail myself of a manœuver somewhat similar to that resorted to by genito-urinary surgeons: the latter before deciding whether a urethral secretion is free from gonococci, inject into the urethra a fluid which excites suppuration, or at any rate augments secretion. If a re-examination of the urethral secretion shows no gonococci, the danger of the subject transmitting the decease is slight. My method does not aim to excite suppuration, for if this were the object it could easily be attained by intratracheal injections. What we want is to augment and to expel the bronchial secretions. The *creasote vapor-bath*, as suggested by Chaplin (*British Medical Journal*, 1895, p. 1371), answers this purpose admirably. The effect on the patient is to induce violent cough with profuse expectoration. Even in lung tuberculosis where the tubercle bacilli are few or

absent, they often appear or become augmented in number after the creosote bath.

In some instances of persistent cough where I could obtain no expectoration for examination, I could obtain such material by subjecting my patients to a pneumatic cabinet treatment. Forced inspiration of relatively compressed air produces lavage of the bronchial tubes. There is no organ nor region of the body, which has not been held responsible for an extra pulmonary cough.

THE SKIN.—I have frequently demonstrated the influence of cutaneous irritation on the lungs (*Medical Record*, April 23, 1899; *Medical News*, January 7, 1899). There are susceptible individuals who upon the slightest exposure to a draught will cough. The cough is not provoked, as many suppose, by the inhalation of cold air, for susceptible persons cough even after immersion of the hands or feet in cold water. Although accustomed for years to a morning cold bath, yet every time I enter the bath I suffer from an attack of coughing. I have tested a number of persons to determine whether particular regions on the surface of the body were sufficiently susceptible to an irritant to cause cough; in a few instances only was I able to mark out any such regions, which for convenience I have designated as *tussogenic zones* (*Medicine*, August, 1899). As an irritant, a current of cold air from an air-pump was directed on different parts of the body. Tussogenic zones were most frequently found on the anterior surface of the neck in the course of the distribution of the pneumogastric. All those in whom the zones were found stated that upon exposure to a draught, cough followed. The manœuver just suggested may be applied in the diagnosis of cutaneous coughs.

THE EAR.—For a long time it has been known that irritation of the external auditory meatus, through the auriculo temporal branch of the fifth nerve, would excite coughing. The introduction of the aural speculum will not infrequently excite this reflex. According to Fox, more than 17 per cent. of individuals cough after irritation of the external meatus. As a rule, in ear cough, an examination shows the presence of a foreign body, and the cessation of cough after its removal confirms the diagnosis.

THE NOSE.—Irritation of the trigeminal branches in the nose is often a cause of cough. The cough areas in the nose are situated about the anterior and posterior ends of the in-

ferior turbinated bodies and that part of the septum lying opposite the latter. The application of the sound to the abnormal or even normal mucosa, in an indefinite percentage of persons, causes cough. The correction of a hypertrophic rhinitis, the removal of polypi and other anomalies, often cures a troublesome, persistent cough. A thorough rhinoscopic examination will, as a rule, establish the diagnosis of nasal cough, yet we must not be led astray by every anomaly of the nose. Deviations of the septum, for instance, are estimated to be present in 90 per cent. of all adults. *Cocaine* and the *sound* must be employed as accessory agents in diagnosis, if the nose be suspected. Employ a moderately strong solution of cocaine, first in one nostril and then in the other, and note if the cough is in any way influenced. Having attained positive or negative results, our next object is to employ the probe, eliciting, if possible, the cough areas. Having found one or more cough areas, each is cocainized in turn and again probed; if no reaction follows, there is presumptive evidence of a nasal cough.

NASOPHARYNX.—From this region coughs are less frequently produced. The usual causes are adenoids and the discharge in nasopharyngeal catarrh. In children, a cough dependent on adenoids is comparatively common. The cough is worse in damp than in dry weather. The *morning cough*, in which large quantities of sputum are brought up, is frequently a symptom of nasopharyngeal catarrh. It has not infrequently happened that I was unable to say positively whether the sputum arose from the nasopharynx or deeper down in the respiratory tract. Such a question appears a priori to be superfluous, yet if one has presumably cured a bronchitis, but cough and expectoration still remain, one is often at a loss to say whether the nasopharyngeal catarrh is responsible for it. This question could be decided by treatment of the catarrh, but a diagnosis thus established is a tedious matter. Repeated microscopic examinations show that a diagnosis may be arrived at more easily; not that there are any characteristic microscopic constituents in the sputum from the nasopharynx, as one would be led theoretically to believe, but because the general charasteristics of the sputum correspond with the secretion from the nasopharynx. To illustrate: A patient presents himself for the relief of a chronic cough; an inspection of the nasopharynx shows secretion; some is removed, and the elements under the microscope are noted. If the sputum is subsequently brought

to us by the patient, this is similarly examined, and if the microscopic elements correspond with those from the nasopharynx at a previous examination, we are justified in concluding that the expectoration is largely of nasopharyngeal origin.

THE PHARYNX.—Acute and chronic diseases of the mucous membrane of this region may give rise to cough. A follicular pharyngitis especially excites a cough. Along the lateral walls of the pharynx we find a chain of lymphoid tissue. This may be involved in an inflammation known as *pharyngitis lateralis hypertrophica*, and not uncommonly excites cough. This mass of lymphoid tissue, being partially hidden by the pillars of the fauces, often escapes attention, unless with a retractor the palatine arch is drawn forward. Here, again, the probe and a solution of cocaine aid us in diagnosis.

THE TONSILS.—Hypertrophy of the tonsils, as well as the presence of cheesy matter or concretions in the crypts, sometimes causes an irritating chronic cough. Adhesions of the tonsils to the pharyngeal pillars have been known to be responsible for a cough.

UVULA.—In my experience, an elongated uvula is the most frequent cause of extra-pulmonary coughs. Inspection shows the uvula of such length that it may touch the tongue, or in the recumbent position its end may touch the epiglottis, or even reach the entrance of the larynx. Persons who suffer from an elongated uvula complain of a foreign substance in the throat, and they have a constant desire to swallow, as if to rid the throat of some extraneous body. The cough from an elongated uvula is not infrequently associated with nausea and vomiting, the latter symptoms arising from contact of the uvula with the back of the tongue. Laryngospastic symptoms may develop at night, for it is at this time, when the patient assumes a recumbent position, that the couch is most pronounced. The patient soon learns intuitively that the violent paroxysms of coughing may be inhibited by sitting up in bed, or leaning forward. A moderate amount of expectoration is nearly always present, owing to the associated pharyngeal catarrh. Inspection of the throat often shows no real elongation, because some patients involuntarily contract the palate and uvula ; therefore they must be taught to relax the parts. The application of cocaine aids in diagnosis. Limiting the application of the

cocaine to the uvula alone is of little value; it must be applied to the adjacent structures, from which the reflex act is started. Amputation of the uvula is the only cure; if followed by a cessation of cough the diagonsis is made.

LINGUAL TONSIL.—Found as an enlargement at the base of the tongue, either in the center as one mass, or on either side of the median line in two or more parts. It is a mass of lymphoid tissue, corresponding in structure to the faucial and third tonsil. When the lingual tonsil hypertrophies, the chief reflex symptom is cough. As a rule, the cough is accompanied by little or no expectoration. Like the cough of an elongated uvula, it is worse when the patient lies down. There is a sensation of a foreign body in the throat which does not disappear on swallowing. The cause of hypertrophy is similar to that of the other tonsils, and the affection preponderates in women. Diagnosis is made with the laryngoscope. The tonsil is found to be red and swollen. We find it partially or completely filling the glossoepiglottic fossa, and sometimes encroaching beyond the free border of the epiglottis. If the lingual tonsil is suspected we may employ cocaine locally.

The reflex act of coughing may be discharged from the *teeth*, *œsophagus*, *liver*, *spleen* and *pleura*. Recently I had under observation a hysterical woman with complete anæsthesia of the fauces, who suffered from esophagisms. This was a suggestive case for studying the esophageal cough. Upon introduction of the esophageal sound, cough was invariably produced, yet when the esophagus at its beginning was cocainized no cough followed the introduction of the sound. Palpation of an *enlarged liver* or *spleen* is occasionally followed by cough, which can no doubt be referred to the peritoneal covering of those organs innervated by branches of the vagus. Nor must we deny the role played by the pleura in the production of coughing. The individuals suffering from *acute pleuritis* will cough with the slightest pressure of the stethoscope over the affected area. The same phenomena can not infrequently be evoked in normal persons. It has often been my experience in cases of acute pleuritis, where opiates were of little avail in controlling a persistent cough, to find that strapping the affected side would give almost instant relief to the troublesome cough. The so-called *stomach cough*, while not supported by the experiments of Kohts, is largely corroborated by clinicians. Some attribute the stomach cough to a pharyn-

gitis complicating the stomach affection, whereas others contend that the eructated gases reaching the larynx induce coughing. What deserves recognition, however, is the fact that many persistent coughs subside when treatment is directed toward the gastric disease. Gynecologists recognize a cough which is discharged from the uterus and contiguous structures. Local treatment, especially by pessaries, act quickly when retroversion, prolapse, etc., are complications. *Hysteria* has a distinctive cough, which is loud and barking, and gives the impression of being produced with the object of attracting attention. Associated with the hysterical aphonia and other stigmata of hysteria is readily recognized. Attention has been directed to a *nervous cough*, independent of hysteria. Such a cough naturally follows a catarrh of the larynx or pharynx, and persists after the original trouble is cured. It is difficult to explain the nervous cough, otherwise than by supposing that the reflex circuit remains in a condition of increased irritability.

The diagnsis nervous cough is frequently an admission of ignorance, but more often it is an error in diagnosis. I can recall many cases of incipient pulmonary tuberculosis, in which the cough was referred to as nervous. With our advanced methods of diagnosis the nervous cough will soon be relegated to oblivion. I recall a patient who suffered from a chronic cough. She ran the gamut of specialists with diagnosis, ranging from tuberculosis to neurosis. Her uvula was amputated, her nasal mucosa cauterized and the turbinates removed; a stomach specialist washed her stomach, and a gynecologist curetted her uterus, yet the cough persisted. At last, a throat specialist discovered a granular pharyngitis, and, with a probe, noted that coughing could be provoked by touching the granules. The latter were cauterized, resulting in a permanent cure. It is undoubtedly true, that mistakes in diagnosis are less often due to errors in misinterpretation than to an incomplete examination of our patients. Sir William Savory tritely remarks, "Consciousness of one's ignorance may do much to avert the errors of carelessness, and he who has confidence in his own judgment should of all men be most careful in inquiry."

THE LARYNX.—A cough dependent on laryngitis readily yields to the treatment of the underlying cause. Spraying the larynx with a cocaine solutiou will temporarily inhibit the cough. A tablet of cocaine (gr. 1-20) placed on the back of the tongue is also serviceable. Laryngeal insuffla-

tions of orthoform give more permanent results. If we freeze the skin with a spray of rhigolin or methyal chloride over points on either side of the neck corresponding to the entrance into the larynx of the superior laryngeal nerves and repeat the manœuver daily we are able to reduce laryngeal coughs to a minimum. The same method favorably influences laryngeal spasms, and will frequently cure aphonia after a single application. In many phthisical individuals cough is frequently provoked by the injestion of food. Normally in every act of deglutition the epiglottis completely closes the larynx. If there is tuberculous infiltration of the epiglottis the borders of the latter become indurated and irregular, resulting in incomplete closure of the larynx, so that fluid or food enters the latter and induces coughing. *Aneurism of the thoracic aorta* may produce a paroxysmal cough by pressure upon the trachea, or bronchus, or by pressure upon the recurrent laryngeal nerves. The character of the cough in the latter instance is of a barren ringing character.

In *heart disease*, the cough may be varied in origin. Sansom found a cough present in 45 per cent. of his cases of valvular heart disease. Pressure upon the bronchus or pneumogastric nerves is responsible for the cough in pericardial effusion, whereas in failing compensation a low grade bronchitis developes in consequence of passive congestion of the lungs. In the latter case *digitalis*, or some heart excitant like *caffein*, by relieving the circulatory embarassment will frequently inhibit the cough. *Tuberculur enlargement of the bronchial glands* frequently produces a spasmodic cough, suggestive of pertussis. The diagnosis of this condition may sometimes be made by the sign of Smith and Hare, viz., by directing the patient to throw the head well back, and placing the stethoscope below the suprasternal notch, a *purring sound* will in most cases be heard during respiration. This sound is supposed to be due to the pressure of the glands upon the venous trunks. A method, which to me is of more significance in the recognition of enlarged infratracheal and bronchial glands, is that of Ewart. According to the latter the fifth dorsal spine is invariably dull. This dullness extends for a short distance on either side of the middle line, but more to the right than to the left. If the shape and size of this square patch of dullness be much modified one may suspect enlargement of the glands in question.

We speak of a *winter cough* in individuals with chronic bronchitis whose cough appears with the cold weather

and lasts until the following summer. A chronic cough confined to the early morning hours, with much expectoration may be caused by tuberculosis with cavitation, pulmonary, abscess, empyema in communication with a bronchus or bronchiectasis. Cough induced by change in the position of the patient arises on account of alteration in the position of a pleural exudate, or by establishing more direct communication with a lung cavity. A cough arising when the patient first enters his bed is often a *skin cough* caused by the cold sheets.—*Medical Fortnightly.*

THE FUTURE TREATMENT OF HAY FEVER.

By H. HOLBROOK CURTIS, M. D., of New York.

* Read before the American Laryngological, Rhinological, and Otological Society, May 25, 1901.

[1] *Medical News*, July 7, 1901.

On June 7, 1900, I read a paper entitled "The Immunizing Cure of Hay Fever" before the American Medical Association at Atlantic City. In this paper I gave an account of experiments which for two years I had been making of internal and hypodermic exhibition of watery extracts of flowers. A resumé of what I said at the June meeting is as follows:

Some two years ago I reported to the Section on Laryngology of the New York Academy of Medicine, the results of some experiments that had been made on a patient who, from childhood, had suffered from violent attacks of neurotic coryza, with most severe constitutional complications during the paroxysm. These attacks, simulating the most severe type of an attack of hay fever, completely prostrated the patient, and usually lasted for about two weeks. The patient, who was an unmarried woman of thirty-five, frequently presented this picture—the finger nails were cyanosed, the extremeties were cold, and a state of collapse supervened which required the most vigorous measures to sustain life. These attacks were brought about by an exposure to the perfume of flowers; and so susceptible was she to these odours, that to pass a florist's shop in the street would be sufficient to produce a paroxysm. It was on this patient, who was from one of the best known families in St. Louis, that I determined to try the effect of immunization, by giving internally and hypodermically the watery extract of certain flowers and their pollen. I com-

menced by giving the sterilized infusion of roses, and after two weeks found that the patient could tolerate that flower in her bedroom. I then tried the violet and lily-of-the-valley, and was equally successful with each flower. After I had immunized her to three flowers it was found that adding others to the bouquet always kept at her bedside, did not produce any bad effect; and since then there has been no recurrence of the paroxysms that heretofore rendered her life unendurable. This patient, however, was of so pronounced a neurasthenic type—she was also tuberculous—that I made a very guarded report of the case before the Laryngological Section of the Academy at that time, preferring to wait for more experience with other cases before communicating further on the subject.

Another patient once told me that it was impossible for her to go into the ipecac department of a drug house, where she was employed, without getting a violent "crying cold with asthma," and that when she worked in ipecac she had to take some tincture of syrup in drop doses for several days before she came in contact with the drug—a precaution which she found always prevented an attack. This young lady informed me that a friend of hers was likewise affected, and also benefited by the same precaution. It was the remembrance of this case that originally suggested to me the possibility of an immunizing treatment for hay fever. A point of especial importance is the curious fact that not only is immunity from attack secured by this mode of treatment, but also after the onset of the pollen or flower fever and the paroxysm is at its height, the attack is at once lessened and often controlled by the exhibition of the causative drug. I have found this to be the case with golden rod and lily-of-the-valley, and also with ragweed corasthma. A Philadelphia physician, who is affected with a violent coryza by the odour of salicylic acid has recently told me that this disturbance does not occur while he is taking the salicylate of sodium.

The experiences narrated above prompted me last summer to obtain through a drug firm the services of a botanist to secure the flowers and pollen of enough ragweed to make an experiment on a large scale this year on so-called hay fever, and to determine whether the hypothetical deductions from the experiments I have already conducted are truly as important as I believe them to be. The tincture and the fluid extract are the solutions most available. In

my recent experiments I have discontinued the use of hypodermic medication.

The drugs were delivered to me so late in August of last year that the preventive treatment could not be carried out, but in no case of the eight or ten on which I tried the treatment at the commencement of the attack was there anything but remarkable results even when the enemy had been in full control for two weeks.

Permit me to append a letter from a Brooklyn clergyman, which is a good sample of the general estimation in which the drug is held by some of the worst cases on record:

GRACE CHURCH, UTICA, N. Y.,
December 12, 1899.

MY DEAR DR. CURTIS: Before I left Brooklyn I wanted to write and tell you how deeply I am indebted to you for the relief which you gave me from hay fever during the past summer and autumn, but the rush of moving prevented my doing so. However, you must listen to my refrain, and it may interest you.

In August, 1889, I had my first attack of hay-fever, when I was living in Wethersfield, Conn., from which place I removed to Brooklyn at the close of the month just mentioned. Regularly, every year since, on August 19, except in 1894, when it came on August 21, the hay-fever appeared, In three days my eyes would be so inflamed and bloodshot, that a few minutes with the newspaper was as much reading as I could do; my nose became swollen, and the edges of the nostrils had to be rubbed with salve after the paroxysms of sneezing to prevent them from cracking open. At least one-half of the time I could not breathe through either nostril, and panted with open mouth like a dog; in bed at night I had to prop myself up with pillows to catch any sleep at all; I had no appetite; no anything. This condition would last into October, taper off in November, gradually disappearing after the arrival of the killing frosts. My attack this year had been running several days before I received your medicine, and I was astonished at the abatement of the enemy in forty-eight hours. You know the rest of the story—good appetite, sleep at night, and only enough of a touch of hay fever for me to know that I was prone to the attack of the fiend.

Perhaps you will now understand why I consider myself to be Most gratefully and sincerely yours

B——.

In the title of this paper, hay fever is used in its popular sense, but the malady to which the treatment I have suggested applies is ragweed corasthma. I have several cases on record of golden rod and lily-of-the-valley corasthma, which have been cured by solidago odora and convallaria majalis, respectively, in three or four days; but, while these are interesting as contributive evidence, the old enemy, ragweed, is the recognized king of pollens, whose term of office begins August 12 to 20 in these latitudes, and whose cruel reign is only ended by the first frost.

If my theory be correct, that this "rhinitis vasomotoria-periodica" or "corasthma ambrosiæ" may be prevented by giving from two to ten drops of the tincture or fluid extract of ambrosia artemisiæfolia t. i. d. in water, during the two weeks preceding the paroxysm, I shall consider that I have heralded what I believe to be a great discovery, with becoming modesty. If, on the other hand, the results I have obtained are not verified by others, I may only say that greater men and more scientific observers have been misled by initial results that time did not substantiate. I should be pleased, however, to give to any physician who will conscientiously aid me in investigating the subject, such directions that he may experiment for himself upon severe cases, in order that a collection of reports from disinterested physicians in widely separated localities may be of benefit to the cause of scientific research.

In August, 1900, at my suggestion, the fluid extract of ragweed was combined with aromatics, in order to disguise its unpleasant taste and make it more palatable to the patient. With every bottle sent out in reply to inquiries from the profession, a blank, which read as follows, was enclosed:

LIQUOR AMBROSIA.

FOR THE PREVENTION OF HAY FEVER.

This preparation is used to immunize those cases which, in these latitudes, are affected about the 15th to the 20th of August.

Cocaine must not be employed as an adjunct.

As this treatment, while affording extraordinary relief to the few cases upon whom it has been tried, is still in the experimental stage, the physician who uses this bottle of medicine will confer a favour by returning this blank,

properly filled out.

Patient (male or female) ?
Age ?
How many previous attacks ?
Attacks generally commenced ?
Attacks generally ended ?
Was asthma present ?
Was nose occluded during attack ?
Was nose perfectly free before attack ?
Has the patient any intercurrent disease ?
Does patient use alcoholic beverages ?
Does patient smoke excessively ?
Do other flowers than ragweed cause attacks ?
Did patient's father or mother have hay fever ?
Do patient's brothers or sisters suffer from the malady ?

—*New York Medical Record.*

Progress of Medical Science.

MEDICINE AND NEUROLOGY

IN CHARGE OF

J. BRADFORD McCONNELL, M.D.

Associate Professor of Medicine and Neurology, and Professor of Clinical Medicine University of Bishop's College; Physician Western Hospital.

HOT DRINKS IN DYSPEPSIA.

Chronic indigestion in sure, sooner or later, to be followed by disturbance of the motor apparatus of the digestive tract, usually affecting more particularly the stomach, which reacts less readily to stimulation. There results a condition of impaired secretion, plus a greater or less degree of muscular atony, which must be combatted at an early stage if we wish to avoid an incurable degree of gastric dilatation. Among the remedies at our disposal hot drinks have, of late years, attained considerable vogue. The ingestion of tepid fluids exerts a marked sedative action on the gastric mucous membrane and often relieves the painful sensations following meals in chronic dyspepsia. Less recognized, perhaps, is the influence of hot drinks on the motor functions of the stomach. In the ordinary course of events nothing remains in the stomach six hours after a meal, and the presence of alimentary débris after that period indicates the presence of some degree of muscular paresis. This condition of things

may be greatly benefited by the use of hot water with or immediately after meals ; but in chronic cases permanent benefit can only be obtained by perseverance, the treatment being methodically carried out for some months. As might be anticipated, the hot water treatment does not ameliorate the secretory defects in the same degree as the muscular weakness, but by maintaining the stomach in a hygienic condition we may, at any rate, hope to check further degradation of the peptic glands. The temperature of hot drinks should be from 105° to 110° F., and their employment is especially indicated in cases of hyperacidity associated or not with some degree of gastric dilatation.—*Medical Press and Circular.*

INFANT FEEDING.

According to the author, there is a marked diversity of opinion regarding the number of feedings to be administered to infants. It is certain that too frequent feeding is accompanied by disastrous results to the child. In the children's clinic of Breslau, infants receive but five feedings in 24 hours, and while they are restless and fretful in the beginning, they gradually quiet down and become accustomed to this régime. The author believes that a breast-fed infant ought not to be nursed any sooner than every three and a bottle-fed baby every four hours. This conclusion he bases upon the facts that in the former the stomach is not emptied before one and a half hours after a feeding, and that it contains free hydrochloric acid in one and a quarter hours; in the latter the same process requires over two hours.

The author attempts also to investigate the question as to whether or not there is an increase of absorption of albumin from the food administered at longer intervals. He found no difference in this direction, and, therefore, believes that the detrimental effect of frequent feeding is due mainly to the direct mechanical injury to the stomach.—Dr. Arthur Keller, *Centrall. f. inn. Med.—Post-Graduate.*

PNEUMONIA.

Dr. Nathan Raw remarks that patients are more often damaged than helped by the promiscuous drugging which they receive in this disease. At the outset three to five grains of calomel, followed by a saline every three or four

hours, with which two grains of quinine are included, is beneficial. The ice-bag, or even a mustard and flaxseed poultice, may be indicated for pain. To digitalis much has been been attributed, but on the whole it has not been a success. If the heart's action becomes very rapid, with a quick and irregular, soft pulse, it sometimes does good when given in large doses, say fifteen or twenty minims of the tincture ever two hours until two drams are taken, or digitalin hypodermatically, one thirtieth to one twentieth of a grain, has a marked temporary effect in tiding over the patient during a critical period. Ten grains of chloral with four drams of the infusion every four hours gives the patient much relief from delirium and sleeplessness. Objection is made to antipyretics, although sponging the surface with ice-water is recommended. Ammonium carbonate acts as a stimulant and expectorant, but readily disturbs digestion, and must then be discontinued. In progressive cardiac failure, brandy in from six to twelve ounces every twenty-four hours is indicated. In many instances alcohol in any form is not required. Strychnine is a most valuable cardiac tonic, and given hypodermatically in doses of one twentieth or even one twelfth of a grain will sometimes have a miraculous effect upon the heart. His experience with oxygen has not been, on the whole, good. The prophesy is made that the treatment of the future will be the antitoxic treatment, used early, so as to abort the disease by destroying its toxins.—(*Med. Press and Circular*, 1900, No. 3181, p. 417.)

TREATMENT OF PNEUMONIA.

William Porter, in the *Philadelphia Medical Journal* of December 15, 1900, says that venesection should be followed by the injection of normal salt solution in the treatment of pneumonia. The abstraction of blood relieves the right side of the heart, and at the same time gets rid of a certain amount of toxin, and the salt solution increases the pulmonary circulation and the oxygen-carrying power of the blood. The treatment is especially applicable to the lobar form of pneumonia. The writer's deductions are so far largely theoretical, though the treatment has been applied in a sufficient number of cases in the City Hospital in St. Louis to show that it is worthy of more extended study. Bleeding is commonly performed as soon as the diagnosis is

established, which is usually within four days of the initial lesion, and sometimes earlier. The amount of blood abstracted is not large, but this is repeated in case the symptoms are urgent; usually from eight to twelve ounces will give relief in the average case. The salt solution is injected subcutaneously, and it is believed that this is the preferable method, because the effects are slower; in an urgent case he would not hesitate at transfusion.

The solution employed is a modification of Jennings', in which the potassium chlorate is lessened and the amount of sodium chloride increased. There is also a smaller amount of the phosphate. The following formula is used:

Sodium chloride	30 grains.
Potassium chlorate	60 grains.
Sodium sulphate	60 grains.
Sodium phosphate	40 grains.
Sodium carbonate	60 grains.
Distilled water	q. s. ad 6 fluid ounces.

One part of this solution in 60 of distilled water.

The writer advances this method as an addition to our ordinary means of treating pneumonia, which must not be neglected. Care must be taken to favor elimination by the skin, bowels and kidneys, and above all the heart must be supported. Oxygen is a valuable remedy, and its favorable effects are greatly enhanced by the venesection and the saline solutions.

SUGAR-FREE MILK AS A FOOD FOR DIABETICS.

R. Hutchison has devised a milk preparation which contains all the original casein and salts along with a certain additional proportion of fats. It is practically sugar-free, and appears like an unusually rich, ordinary milk. The following diet-schedule is suggested:

BREAKFAST.—Bacon; eggs scrambled with butter; fish with butter sauce, or some form of cold meat; toasted protene bread with plenty of butter; and café-au-lait made with sugar-free milk, and sweetened with saccharin if desired.

DINNER.—Soup (without vegetables or other carbohydrate-containing matter); fish (preferably one of the fatter sorts); meat with green vegetables and melted

butter; custard of eggs and sugar-free milk; and cheese with protene bread and watercress. Beverage: whiskey and water, or any dry, natural wine.

SUPPER.—A cup of well-made beef-tea; eggs in some form—e.g., as an omelette, with as much butter as possible; fish or cold meat; and cheese with protene bread and butter, and a salad with plenty of salad oil. Beverage: a glass of sugar-free milk.

The rest of the milk, sufficient to make the total daily allowance up to three pints, should be taken as a beverage between the chief meals.—*The Lancet.*

ACUTE CARDIAC FAILURE.

Richard Douglas Powell, in the Cavendish Lecture, mentions among the causes of this accident direct injury, as when a healthy man ruptures, during a violent exertion, one of his aortic cusps, the displacement of a clot from a systemic vein, and cardiac failure from over-taxation. There are always two factors at work, direct fatigue of the nervo-muscular tissues and a poisoning of the blood from an auto-metabolic source. Among the concomitants of heart distress or failure during violent exercise, as running, vomiting is one of the most common. One of the most constant after effects is anæmia. Gastro-intestinal attacks, vomiting, and diarrhœa are not uncommon occurrences in those who, habitually leading a sedentary life, suddenly take to exhausting exercise. The heart of a child between six and twelve is, according to the author, relatively hypertrophied, which is to be ascribed to the ceaseless activity at this age. A point often forgotten in the case of young children is their special aptitude for short spells of active exercise, but their complete unfitness for prolonged monotonous exertion. The treatment of acute cardiac failure from overstrain involves a few weeks of rest and many months of careful supervision. In many there is a feeble lung capacity, and for such cases well ordered respiratory exercises are of great utility.

The following are the special factors in acute cardiac impairment in acute disease: (1) maloxygenated and otherwise contaminated blood-supply to heart muscle and nerve; (2) excessive weight of blood burdening the heart; (3) exhausted innervation from sleeplessness and physical cardiac fatigue; (4) positive obstruction to the flow of blood through the lungs; and (5) changes in the texture of the heart muscle incidental to the disease and especially to the

pyrexia. Now the first two indications are undoubtedly met by depleting the blood volume from the venous side by attention to secretions, the occasional use of mercurials, careful limitation of the food taken in place of the overfeeding often to be observed, and in some cases a small blood-letting.

Oxygen inhalations are also of service. For the third and fourth indications in the foregoing list, we possess no better remedy than strychnine, which is best given by syringe in case there is much abdominal distention. The fever should be kept within bounds by any well-approved method.—*The Lancet.*

THE ABORTIVE TREATMENT OF PNEUMONIA, CATARRHAL AND CROUPOUS IN INFANTS AND CHILDREN.

H. Illoway feels certain that in infants and children the pneumonic process can be arrested at its outset, and more than that, that we have the means and have long had them, wherewith to do it. He proceeds to give a number of histories of his own cases. He has had great success in the use of aconite and veratrum viride. Again in other cases with tumultous heart action the writer has used digitalis (the infusion or rather decoction) with satisfaction. He believes that the combination of the tincture of aconite root with the tincture veratrum viride(Norwood's) is the more powerful therapeutic measure, and the one he would resort to preferably. He considers the repetition of the medicine at short intervals a vital factor in the achievement of success.—*Pediatrics*, December 15.

SUMMER DIARRHŒA.

Dr. Wm. B. Booker, President of the American Pediatric Society, at its recent session, made the subject of his address "Summer Diarrhœa." He gave an excellent and exhaustive resumé of its literature, going back to the eighteenth century, when mention was first made of it and tracing it along in its evolution, until it became a well-recognized entity.

Summer diarrhœas have always held an important place in the practice of medicine, and especially so in the great cities, where the mortality from these diseases is great during the protracted heated terms, like the one now being ex-

perienced in this country east of the Rocky Mountains. In New York special attention is given to the clinical study of all such cases.

Kerley recently reported a study of 550 cases (*Medical Record*, page 1057, June 26, 1901) gathered from dispensary practice during June, July, August and September. "Of these children 77 were under three months of age. It was noted that 20 were fed on proprietary foods, and 59 upon condensed milk. Four hundred and ninety nine were treated to the end, of whom 10 died."

An invariable rule in treatment was to stop all milk at the outset, to relieve the infected gut; to treat vigorously, whether mild or bad, and to explain to the mother carefully and in writing what was to be done. The four drugs found, to be reliable, were calomel, castor oil, bismuth and opium; calomel particularly when vomiting occurred.

In the discussion of this report Holt advised rest and irrigation. Winter advocated judicious use of alcoholics. Saunders advocated broths first as diet, and beef juice later. He also said, that chloral was one of the best drugs for pain and should be combined with aromatic rhubarb. He said atropine, a single dose, would stop serious discharges.

The modern trend of treatment of the summer diarrhœas in childhood is toward simplicity. It is perfectly evident to every physician, who will stop to think, that if we will try to assist nature we will be sure to render assistance. The first indication is to remove the offending material in the alimentary tract, which too frequently has been locked up by the parents using astringent drugs, etc., and to this end it is always best to give some laxative, after first being sure that the stomach is unloaded. Castor oil combined with some of the aromatics is always a reliable agent. It can be given every hour until the bowels move freely, then the colon may be irrigated, if necessary—this should not be overdone—once or twice a day should be sufficient. After this cleansing has occurred and diarrhœa still persists then antiseptics, and astringents are indicated. Of these bismuth takes precedence over all others, and it should be given liberally. Salol is indicated also and the combination of bismuth and salol with compound tincture of lavender or camphor water is excellent.—*Medical Fortnightly.*

SURGERY.

IN CHARGE OF

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AND

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PAINLESS HYPODERMICS.

The spot where the needle is expected to enter is touched with a toothpick dipped in strong carbolic acid, a white spot immediately appears (due to coagulation of the albumen in the tissues). Shortly after a perfect anesthesia of the spot is manifest, and the hypodermic needle can be pushed through the skin without pain at this point, and the infiltration of the tissues begun. If a large arc is to be injected several spots are marked with the toothpick dipped in the strong carbolic acid, the needle being inserted through these points.—*Med. Standard.*

STIFFENED JOINTS.

In two cases of stiffened joints where the inability to move the limb has appeared to arise from rigidity of the tendons and muscular sheaths. I have injected, subcutaneously, olive oil into the structures, and with some success. I find that a fluid drachm of the oil can be injected around the knee-joint without causing any after inflamation or discomfort. In one instance, where the elbow was operated on in this way, the young woman obtained, for the first time, some degree of movement after six months' entire fixation from rigidity.—WARD, *in The Asclepiad.*

[Sweet almond oil is preferrable to olive oil, as the latter is seldom had in a pure state in this country.—ED. *Detroit Medical Journal.*]

RECTAL EXAMINATIONS.

One point must especially be borne in mind in examining the rectum, viz., prevention of fecal matter settling between nail and skin. Many physicians simply lubricate the examining finger with vaseline or soap, and then proceed, with the result that the finger smells afterwards for a long time in spite of the most vigorous scrubbing with brush, etc. The

cause of this is that the space under the nail is unprotected from the entrance of fecal matter.

To prevent this proceed as follows: After lubricating the finger with plain castile soap scrape the nail on a piece of said soap, so that a quantity of same enters the subungual space; after examining the rectum it will be found that no fecal matter has entered the space under the nail, and the finger can easily be made clean,—*Med. Standard.*

CHRONIC POSTERIOR URETHRITIS.

Dr. George Walker, in the *Maryland Medical Journal,* is very favorably impressed, and has gotten satisfactory results from the use of the curette in posterior urethritis. Preparatory to the operation the urethra is thoroughly irrigated with a one four-thousandth bichloride solution, and then a four per cent. solution cocaine is instilled and held five minutes. By illumination the deceased spot is localized. The curette is next applied, and the portion in view thoroughly scraped, so that the diseased tissue at this place is thoroughly removed, and along with it the epithelial layer and submucous tissue if necessary. After this has been done a ten per cent. solution of nitrate of silver is applied to the spot by means of a pledget of cotton. The bleeding is slight, and the operation, where cocaine has been properly and freely used, is without pain. Often very obstinate and long-standing cases have entirely cleared up after three curettments.

A NOTE ON THE SURGICAL TREATMENT OF SPINA BIFIDA.

Lewis Marshall describes his method as practiced on a baby a few months old. The tumour was about the size of a tangerine orange. An incision, at first small, to admit of the slow escape of the fluid, was made in the middle line. The child lay with the head low and the buttocks raised. When the sac was empty the inner lining was dissected up on either side as far as the spine. Then this was turned inwards and a Lambert suture was applied as in suture of the bowel. Then sufficient external skin was placed over the inner pad and secured by interrupted sutures of silkworm gut. The dressing used was collodion and cyanide gauze, applied in thick successive layers. In the after-treatment, the raised position of the buttocks should be maintained for the first week in most cases. Of course there may develop contraindications to this.—*British Medical Journal.*

NEW METHOD OF SUTURE FOR THE ANASTOMOSIS OF THE CUT VAS DEFERENS OR URETER.

Antonio Ferraro, in his experiments on animals, cuts the vas deferns, and into one of the stumps introduces a sewing needle, or slender stiletto, and at a certain determined distance from the extremity of the stump makes a transverse incision of half the circumference of the duct. From the middle point of this incision he makes a longitudinal one which reaches to the extremity of the stump. The same procedure is repeated on the other cut portion of the duct, and there are now two quadrangular flaps, which being placed with their mucous surfaces in contact will be found in perfect coaptation, while the lumen of the duct instead of being constricted is increased. The same procedure can be applied to the ureter when necessary.—*La Riforma Medica.*

SURGICAL HINTS.

(From the International Journal of Surgery.)

It is a good thing to remember that surgical needles require sharpening about as often as scalpels, and that the use of a bone and a little emery powder will restore to usefulness many needles in an apparently hopeless condition.

It is well to remember that a drainage tube is a foreign body, and hence an evil. Clean surgery and proper attention to hemostasis reduce considerably the number of cases in which drainage is indicated, and it seems to be the tendency of the best surgeons to do the least draining.

In crushing accidents in which the limbs have been caught in machinery it is very difficult to cleanse the wound properly, owing to the fact that the parts are much covered with grease due to lubricating substances. Ordinary gasoline is an excellent thing wherewith to remove this grease; it causes no pain, dissolves away the grease, and leaves a clean surface upon which watery solutions of antiseptics can exert their full power.

Children who are prepared for operation must not be kept as long without food prior to anæsthesia, as is proper in adults. Children weaken rapidly from hunger, and it is best to give them easily digested food up to three or four hours before the operation. As in the majority of instances they

need not know that an operation is contemplated, there is none of the inhibitory effect upon digestion, caused by fear, that is so often observed in adults.

It is important to remember that children, especially in crowded, poor districts, sometimes have empyema without even complaining of chills or showing a rise of temperature, and that the disease is often so insidious as to lead simply to general ill-health long before the parents become alarmed at the child's condition. Any child that has become gradually run down in health should be stripped and carefully examined for empyema, when no other cause is evident.

TREATMENT OF HEMORRHOIDS.

Dr. J. P. Tuttle, as noted in *Amer. Med.*, believes that in many acute cases of internal hemorrhoids, local and general measures should be resorted to rather than operative procedures. Cold water enemas once or twice a day are of great benefit in order to produce an easy movement of the bowels, and to contract to some extent the blood vessels. Injections of mild non-irritating astringents, such as the fluid extract of krameria, fluid extract of hamamelis, or Pinus Canadensis, will have a very soothing and curative influence, Suppositories of ichthyol, tannic acid and belladonna are of great benefit, especially if there is an eroded condition of the parts. Resinous cathartics, such as podophyllin, aloin, gamboge, etc., irritate the parts and should not be used. Small doses of saline, laxatives, especially sodium phosphate before breakfast, followed after breakfast by a cold enema, will have splendid effect upon the liver, intestine and hemorrhoids.

TREATMENT OF SPRAINS.

A sprain is not unfrequently more troublesome to both patient and surgeon than a fracture. In the treatment of sprains, especially of the extremities, I have had very marked success by a very simple process. I mention a case as an example. A carpenter fell from a scaffold and severely sprained one ankle, but produced no fracture. He was conveyed home on a stretcher, and I was immediately called. I directed that his foot at once be put into water as hot as could be borne, and that as the temperature of the water might indicate that some of the water be taken out and this quantity replaced by hot water. His wife put him to bed and kept him upon his back with his foot in the

water all night. When taken out next morning and bathed with lobelia he was able to use it quite well. The hot-water process was continued more or less during the day, and by the third day he was again superintending his men. I could add several cases of ankle, knee and wrist sprain that would be but a restatement of the same successful treatment, which quickly relieves the tension of the nerves and circulation, soothes the injured muscles and ligaments, and relieves the hyperemic and congested conditions present. Though the parts injured may be weak for a few days, this process is simple, effective and quickly curative. Let the lobelia be freely applied when the part is not in the water.—*Sanitary Home.*

PASSING THE CATHETER.

When you attempt to introduce the catheter into the bladder where the prostate gland is enlarged, remember the sinus pocularis. Well, how will you avoid it? Oil the index finger of the right hand and introduce it into the rectum. After introducing your catheter, hold it in the left hand and push it down until you meet the obstruction. Then follow the catheter with the index finger to its point—I mean the index finger in the rectum—gently raise it up, apply a little more force with the left hand, and ninety-nine times out of a hundred you will be surprised to find how easily the instrument enters the bladder. I can say without boasting that I have never failed in this simple operation in my life, and it is seldom now that I ever draw blood or give the patient much pain.

Never try to introduce a catheter into the bladder where the prostate gland is enlarged, without having the finger in the rectum to spread the lateral lobes apart, and lift the point of the instrument above the sinus pocularis.—*Ex.*

THE TREATMENT OF GONORRHOEA WITH FREQUENT IRRIGATIONS OF HOT DECI-NORMAL SALT SOLUTION.

In looking over the germicides added to the water in the modern irrigation treatment and considering their strength, one is justified in being sceptical also as to the value of specifics used in this way, and in suggesting that plain water would do as well. The germ, though at first a resident of the upper layers of the mucuous membrane,

extends deeper, and is entirely out of the reach of any germicide; and though these weak solutions might kill the germs on the surface, we do not need to kill them if we are to wash them out, and plain water will sweep them out just as well as a weak germicide. In my own experience with Halsted's method, it did not seem to make any difference whether corrosive sublimate were added or not—the patients recovered as soon one way as the other.

Surely so weak a solution of permanganate can have little germicidal power for the short time it is in the urethra, and might just as well be omitted. In some of my own cases there was so much complaint of the pain that the drug was omitted, and the patients seemed to progress to recovery more rapidly on plain water. It is, then, justifiable to doubt the efficacy of any germicide in irrigation, and to assume that the good results are due to washing away the germs and toxins, leaving the tissues to destroy the rest.

The gonococcus is such a frail exotic, so difficult to keep alive in artificial media, that it was long believed to be a pure parasite, incapable of growth outside of the host. Almost anything can be expected to kill it—chilling, drying, etc.—and we know that the disease is rarely transmitted except by direct transfer from host to host, and that if it is transmitted by mediate transfer, it is done shortly after the germs have left the preceding host, the medium introducing the fresh, moist germs, as by moist towels, basins, etc. It is perhaps unknown for the dried, chilled germ to infect. The lower thermal death point is not known, but the germ will not grow if kept colder than 79 deg. F. Its range is said to be 86 deg. to 94 deg., and above 100.4 deg. it will not grow at all. Every degree beyond the growing limits must weaken the gonococcus, even if the effect is not fatal. Neisser demonstrates that 113 deg. F. destroyed the virulence and reproductive power of the germ, though we must presume that it must take some time to do this, for Sternberg shows that 140 deg. F. is fatal in ten minutes. Here, then, is a method of treatment better than germicides, for we can surely warm the deep gonococcus to a temperature of 113 deg. F. by copious irrigations. Perhaps Valentine's brilliant results are in part due to the heat of the fluids used, and surely the good results of baking gonorrhœal points in arthritis must be due to the germicidal power of the heat.

In gonorrhœa, then, it is a simple matter to cleanse with a fluid as hot and unirritating as possible, and as often

as possible. Being at first only a local disease, only local treatment is needed. There are no nauseating drugs to damage the stomach, no annoying chemicals, no restrictions in diet except as to the articles we know to be irritating, nor confinement to bed, nor is there necessity for alkalinizing the urine, but only for diluting it when it is too concentrated. Instead of using a weakening and depressing treatment, we should build up the strength so that the powers of resistance are increased to the point where the tissues can dispose of the germs, which they eventually do in every case. Increased resistance from good nutrition is just as important as in other gonorrhœal infections. Reduction of diet is as bad as venesection.—*By Charles E. Woodruff, M. D.—Cleveland Med. Gazette.*

ACROSTIC ON FRACTURES AND DISLOCATIONS.

S. C. Mish gives the following as an aid to the memory:

FRACTURES.

False point of movements.
Rotary displacement.
Angular deviation from normal angle.
Crepitus.
Tenderness on point of pressure.
Unnatural mobility.
Retraction of limb by muscular contraction.
Ecchymosis.
Shortening, swelling, pain.

DISLOCATION.

Disturbance in function of joint.
Immobility.
Swelling.
Loss of natural contour.
Only forced mobility
Crepitations, no crepitus.
Angular deformity.
Tenderness and pain.
Interference with function.
Old landmarks of joint destroyed.
No shortening in shaft of bone.—*Cal. Med. Journal.*

Therapeutic Notes.

An Ointment for Fissure of the Anus.

℞ Extract of cicuta ..... 5 parts
Castor oil ..... 15 parts
Lanolin ..... 30 parts--M.
New York Med. Journal.

Administration of Cod Liver Oil to Children.

℞ Cod-liver oil ..... 2 ounces
Extract malt ..... ½ ounce
Syrup Hypophos. of lime ..... ½ ounce
Glycerine ..... 2 drachms
Powdered acacia ..... 2 drachms
Cinnamon water q. s ..... 4 ounces
M. Sig.: One to two teaspoonfuls after each meal.

An Ointment for Corns.

℞ Acidi salicylic ..... ½ drachm
Resin ..... 1 drachm
Lard ..... 2 drachms
Oil sweet almonds ..... 1 drachm
M. Sig.: Trim the corn and apply this ointment placed upon a piece of cloth.

℞ Ext. opii .....
Pulv. Camph .....
Balsam Peru ..... aa gr. xv
Mastic ..... gr. xxx
Chloroform ..... ʒ vi
Wet a small piece of absorbent cotton with this solution and insert in the cavity of the tooth.

To Control Lactation.

Belladonna internally, in tincture, and externally, in ointment, will quickly dry up lacteal secretion after the death of the child or after miscarriage. If physiologic effects appear, discontinue medication for twenty-four hours, and resume treatment.—*Med. Council.*

ANTIDOTE FOR FORMALDEHYDE.

In view of the fact of this chemical is coming more and more into general use as a disinfectant and antiseptic, cases of poisoning from it will become more frequent. We have an easily accessible and reliable antidote in ammonia water. It may be given in the form of ammonia water (a few drops well diluted) or the aromatic spirits or a solution of ammonium acetate. It forms with formaldehyde the well-known, non-caustic, non-toxic compound employed therapeutically under the name of formine, urotropine, etc.—*Merck's Archives.*

FOR A TICKLING COUGH.

One very often meets with an annoying condition wherein the patient complains of a "tickling in the throat which makes me cough constantly." This will be relieved by the following:

℞ Codene ..... gr. j
Phenacetin ..... gr. xij
Powdered licorice ..... gr. xvj
Sugar of milk a sufficient quantity.

Make into eight powders.

Dose: Dissolve one in mouth every hour.—*Buffalo Medical Journal.*

ACNE DUE TO DIGESTIVE DERANGEMENTS.

℞ Creosoti ..... m ss
Cerii oxalatis ..... gr. ij
Pepsini pur. ..... gr. i
Strychninæ sulph ..... gr. $\frac{1}{60}$
Tr. belladonnæ ..... m ij
Podophyllotoxini ..... gr. $\frac{1}{10}$

M. et ft. capsula No. i. S. One such capsule to be taken after each meal and at bedtime, if needed.

Externally apply:

℞ Acidi salicylici ..... gr. xx
Ol. eucalypti ..... m x
Acidi borici ..... ʒ ss
Ungt. zinci oxidi .....
Ungt. aquæ rosæ .....aa ʒss

M. et ft. ungt.—Shoemaker in *Med. Record.*

Convulsions in Children.

Hot or tepid bath or mustard bath if the child seems to have been chilled. To prevent recurrence give:

℞ Potass bromide.
Sodii bromide.
Ammon. bromide.....aa gr. iij
Syr. codein..... ʒ j
Syr. auranti flor..... ʒ j
Aqua..... ʒ iij

If the child cannot swallow, give a rectal injection with:

℞ Musk..... gr. ij
Chloral hydrate..... gr. ivss
Camphor..... gr. xv
Yellow of egg..... ʒ iiss
Aqua..... ʒ iij

—Dr. J. Simon, in *Med. Record.*

A Goitre Remedy.

Dr. Chavette, *Chicago Medical Times*, claimed to cure every case of goitre he treated by the use of the following remedy:

℞ Zinc sulphate.....
Salicylic acid.....
Iodoform.....aa 2 dr.
Boracic acid..... 3 dr.
Oleic acid..... 8 oz.

Mix and keep at boiling heat for several hours, then pour off the liquid, and, when cold, bottle.

Sig.: Apply to the enlarged gland, with slight friction, twice daily until a slight desquamation occurs, after which apply only once daily until the enlargement is entirely reduced. In no instance did the disease return. *The Therapist.*

Asthma.

℞ Potassii iodid..... ʒ ijss
Tinct. lobeliae.....fl ʒ iv, mx
Syr. sarsaparillae comp..q.s. ad. fl. ʒ ij

M. Sig.: Teaspoonful every two hours till relieved.—*Anders.*

Joseph H. Abraham, M.D., Instructor in Laryngology in New York Polyclinic, in a paper on "Acute Tonsillar Diseases and Their Sequelæ," recommends the admini-

stration at the onset of acute catarrhal tonsillitis of a saline purgative, and then the spraying of the tonsils or pharynx every hour with a solution as follows:

℞ Formalin..... *m* xv-xx
Potass. chlor..... ʒ j
Liq. ferri. chlor..... ʒ j
Aquæ menthæ pip... .....q.s. ad. ʒ j
M. Sig.—Use as spray.

ECZEMA IN CHILDREN.

Ointment of pyrogalic acid, one to two per cent., acts almost specifically. In no case in which this per cent. was used has it manifested itself in the color of the urine. Relapse of eczema is very rare.—*Paris Cor.*

Jottings.

Guaiacol applied locally, one part to fifteen of vaseline or lanolin, will remove the pain of acute articular or muscular rheumatism.

In poisoning by chloroform, drop upon the back of the tongue dilute hydrocyanic acid in full doses, says the *Journal of Medicine and Science.*

Collodion, tincture of iodine, liquid ammonia, equal parts, to be applied widely over the parts with a camel's hair brush, is said to give almost instantaneous relief in lumbago.—*Med. Summary.*

In Europe, where experiments were first made with different materials for covering the hands in operating, gloves are employed less than formerly. The Berlin surgeons rarely use them, and Tuffier is said to be the only glove operator in Paris.

Dr. H. A. Royster says:—I cannot imagine a young operator becoming very expert if he uses gloves. I believe that more bacteria drop into the long exposed wound of the glove operator than are carried in by well-prepared bare hands.—ROBERT T. MORRIS.

Equal parts of lactic acid and glycerine applied to the face twice a day is said to remove freckles.

I believe that if a man cannot keep his hands clean, he cannot keep gloves clean.—JOHN B. MURPHY.

It is said that warts may be removed by painting them once a day with a concentrated solution of bichromate of potash.

When there is great increase of mucous secretions anywhere, from nose, bronchi, bowels, vagina, think of ammonium muriate.

A hot fomentation that will not require to be changed frequently can be made by dipping a flat section of sponge in hot water. Apply to the part, and upon sponge place a hot water bag. If desired, the water in which the sponge is dipped may be medicated.

Dr. J. D. Staple, a public vaccinator of Bristol, gives a curious account of the cure of warts on the hands of a girl by vaccination. On one hand 94 warts were counted. In about seven weeks after the operation the warts had gradually disappeared, leaving temporary white spots.—*Philadelphia Medical Journal.*

According to the *Medical Times* plaster of Paris bandages may be easily removed by the following simple method: Soak some cotton-wool in peroxide of hydrogen, then with this moisten the splint down its entire length and for a width of about half an inch. When it is thoroughly soaked the plaster will be found in the same condition as when first put on, and the bandages have only to be cut with a pair of scissors without any injury to the patient or any trouble whatever.

Harnsberger in *Medical Review* says: In orchitis administer one-eighth grain doses of pilocarpine along with one-half grain codeine; continue until copious perspiration is induced.

The same combination, employed in like manner, has proved useful in the painful attacks of gallstone and renal calculi. The drug is also most useful in the management of certain forms of hiccough, and in stricture and obstructions of the bowels.

Ranula is quickly removed by one-sixth grain of the alkaloid employed hypodermatically.

LANOLIN will prevent bed sores if rubbed into the skin as soon as it becomes red and tender.

FRECKLES are said to be readily removed by a lotion of equal parts lactic acid and glycerine.

MALT EXTRACTS, cod liver oil, the phosphates, etc., should be given with or directly after food.

SULPHURIC ACID LEMONADE should be used by painters as a prevention and cure of colico pictonum.

ACIDS, as a rule, should be given between meals. Acids given before meals check the excessive secretion of the acids of the gastric juice.

Torpid ulcers, even when painful and due to varicose veins, may be made to cicatrize comfortably if dusted daily with antipyrin.

FOR REMOVING INK STAINS use a sulution of chlorinated soda. Wet the stain with the solution and wash thoroughly after a few moments.

Night Sweats.—Night sweats are relieved by fifteen grain doses of camphoric acid taken an hour before bed-time.—H. A. Hare in *Medical Record.*

A CARBUNCLE may be arrested in its development by the injection into different parts of the tumour of five drops of pure liquid carbolic acid at each point.

A SIMPLE and it is said effective treatment for itching piles is the application once daily after defecation of a few drops of collodion on absorbent cotton.

DR. WILSON SAYS that equal parts of glycerine and water, with sufficient lemon juice to make the mixture agreeable to taste, is an excellent mouth wash in fever cases.

IF YOU WANT TO GAIN A REPUTATION for working miracles, wrap a swollen rheumatic joint in cloths wrung out of ice water and the pain will almost instantly cease.

Prof. Osler says that the most common cause of chills in typhoid fever is the administration of antipyretics, such as antipyrin. They depress the temperature, and when it rises it may be accompanied with a chill.—*Med. Sum.*

PAIN IN THE lower limbs, or the slightest degree of limping in children, should lead to an examination of the hip-joints. Many cases of beginning hip-joint disease may be discovered at a time most opportune for treatment.

IF POTASSIUM NITRATE be powdered and moistened and applied to a freckled face night and morning, the freckles will soon be removed.

IT IS SAID THAT A TEASPOONFUL OF VINEGAR upon the surgeon's hands after washing with soap and water will remove all odor of iodoform.

A QUICK AND CERTAIN REMEDY for postpartam hemorrhage is the introduction, by the hand, into the uterus of a piece of lint saturated in turpentine.

IT IS STATED that enveloping the limb for one night in flowers of sulphur will cure sciatica. The urine next morning smells strongly of sulphuretted hydrogen.

THE BROWN-COATED TONGUE indicates an alkaline state of the blood. Dilute sulphuric acid will be an appropriate remedy and the tongue will soon become clean under its use.

EDUCATE THE HAND well in obstetrics and you will soon find that you can get along well without the eyes in the ordinary manipulations, and even in the application of forceps.

IN TRUE IDIOPATHIC CHLOROSIS, where iron is ineffectual, sulphur will produce a marked amelioration. After using sulphur, iron can again be resorted to, and it becomes very beneficial.

DR. W. S CLINE says: "I suffered from sciatica and rheumatism the torments of hell for six weeks; cured in less than three minutes by rubbing in from hip to heel half an ounce carbon bisulphide."

IN POISONING WITH CARBOLIC ACID taken internally, remember that alcohol is the best antidote. Do not waste time with emetics, but give at once a large dose of alcohol, whiskey or brandy, and repeat it often.

THE WHITE COATED TONGUE indicates an excess of acid in the blood. An alkali to counteract this state is indicated. A week solution of bicarbonate soda given every hour in teaspoonful doses will prove a very effective remedy.

ANTIDOTE FOR COCAINE.—Gelsemium is suggested as an antidote for cocaine. It has been tried in treating patients whose dentists have injected cocaine for dental work. In a number of cases there were bad results—syncope, etc., and in every case gelsemium gave excellent results.

FOR THE RELIEF OF EARACHE take five parts of camphorated chloral, 30 parts of glycerine and 10 parts oil of sweet almond. A piece of cotton is saturated and introduced well into the ear. The earache is usually relieved as by magic.

FOR SPASMODIC ASTHMA give hypodermic injections of atropine into the nape of the neck; inhalations of smoke of stramonium leaves; fluid extract of nux vomica; internally, alcohol, ether, chloral, inhalation of chloroform cautiously administered.

A CURE FOR COLDS.—Dr. Stephen Harnsberger suggests, after eleven years' test, thirty grains of potassium bicarbonate every four hours in a glass of milk or cold water. The patient should rest for one or two days, and subsist on a concentrated liquid diet.

MCLEOD, of Shanghai, states that it is possible to cure the opium habit by the administration of sodium bromide. He gives the drug in two doses of 2 drachms, in solution, every two hours for the first two days and 1 drachm on the third day. Two ounces in all will probably suffice in most cases.

Oxide and nitrate of silver should be given after the process of digestion is ended; if given during or close after meals, the chemicals destroy or impair their action. Potassium permanganate, also, should not be given until the process of digestion is ended, inasmuch as organic matter decomposes it and renders it inert.

CASTOR OIL IN NEURALGIA.—A number of writers have called attention to the good effects of castor oil in neuralgia. The action of castor oil in neuralgia seems to be apart from its cathartic effect, as the use of other cathartics is not attended with the same results, and the good effect of the oil is secured even without producing purging. The dose given is one half ounce.

GIVE MILK WITH BORATE OF SODA to one who is thought to have been poisoned. It is the first thing to be done after emptying the stomach. If arsenic is suspected, magnesia should be given. If there are vegetable poisons, the best antidote is a one per cent. solution of permanganate of potash, which is harmless in this degree of dilution. It decomposes most organic substances by oxidizing them.

ONE-QUARTER OF A GRAIN OF COCAINE should be the maximum hypodermatic dose.

COMMON LARD is an efficient antidote in strychnine poisoning, and it can be found in any household.

A TEASPOONFUL of the fluid extract of fucus vesiculosus in a glass of water before meals has cured cases of goitre.

FOR BURNS AND SCALDS there is nothing more soothing than the white of an egg, which may be poured over the wound.

THE LATEST REMEDY for the vomitting of pregnancy is a twenty per cent. solution of menthol in olive oil. The dose is ten drops on sugar when the nausea appears.

ETHYL CHLORIDE, in the form of a spray, is a most efficient local anæsthetic, producing anæsthesia in from one-half to one minute. The effect lasts two or three minutes.

IN CASES OF CHRONIC NASAL CATARRH where the mucous membrane is congested, a solution of equal parts of extract of hamamelis and water sprayed up the nose does well.

CYANOSIS, with weak and rapid small pulse, low arterial tension, great feebleness of the heart's action, demands digitalis. This is especially true where the lungs are involved in disease.

INFLAMED BREASTS are readily treated by discontinuing lactation and using a soft compress, under which a belladonna ointment is applied for about twenty-four hours. Internally, aconite or veratrum viride should be given with mild saline purges.

To abort a boil or bone felon before suppuration has set in, Dr. Lummins (*Med. Summ.*) strongly recommends covering the boil or finger to the thickness of an eighth of an inch, with unguentum hydrargyri nitratis (citrine ointment). The ointment must be kept in place by a non-absorbent bandage and put on fresh every eight hours, until all signs of inflammation have disappeared.

Creel has relied on ecthol given internally in doses of a teaspoonful, in cases of carbuncle, flax-seed poultices applied locally, emptying of pus, scraping out of dead tissue and cleansing with peroxide of hydrogen; after this a topic application of ecthol on absorbent cotton every four to eight hours. The average duration of this treatment in his cases was ten days.—*Jour. Amer. Med. Ass'n.*

The best non-irritating and promptly efficient enema is prepared as follows: Have a quart bottle three-fourths filled with hot castile soapsuds; add an ounce of castor oil, and emulsify by vigourous shaking; fill the bottle with soapsuds and make the temperature 100° F.; add the yolk of one egg into which a drachm of turpentine has been thoroughly beaten; and shake well and inject at once. Cleanse the syringe well after use, or the oil will destroy the rubber.—*Med. Council.*

For facial neuralgia a solution of twenty grains of thymol in an ounce of alcohol containing two drachms of fluid extract of aconite is a most valuable local application. It should be painted over the painful area and covered by a cotton compress and oiled silk. The extremely poisonous character of the compound should be impressed upon the patient—and marked upon the bottle.—*Nursing World.*

A clamp or artery forceps is placed on the cord near the umbilicus and allowed to remain on same a few minutes, tighlty clamped. By removing the forceps a deep groove of hard, semi-transparent tissue can be seen; the ligature is now placed in this canal and tied with a jerk. It is impossible for the suture to slip off if applied in this manner.—*N. Y. Med. Jour.*

One is occasionally called to stop an alarming epistaxis, and finds himself without any instruments or drugs with which he may go to work. Some of the following expedients will stop any ordinary nose-bleed:

1. Have the patient chew a large wad of paper or rag vigourously.

2. Cut a cylinder from a sponge; moisten well, press out all the water, tie a string to the end and pack firmly as far back in the nostril as possible.

3. If tannic acid is at hand, it may be blown into nostril from any tube: a pipe stem, a quill, a catheter, or even a roll of paper.

4. Ice to the back of the neck and to the forehead.

5. Inject very warm water, if syringe be available.

For internal use, the best drugs are gallic acid, iron, hydrastis, ergot and calcium chloride.—*Ex.*

THE

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Editorial.

COLLEGE OF PHYSICIANS AND SURGEONS, PROVINCE OF QUEBEC.

It is now three years since the present Board of Governors of this College was elected, and it is proper to take a retrospective glance at the work it has done before the new Board is elected in September. The affairs of the College for some years previous to its election had not been, in the opinion of a large number of the profession, conducted in a satisfactory manner. The result was a loud call for a "reform Board of Governors," and for some months previous to the tri-annual meeting in 1898 vigorous efforts were made to secure this object. When the members assembled in Montreal in July, 1898, they came in numbers larger than had ever been seen, and the excitement ran high. The "reform party" carried their candidates to victory by large majorities, and what may be styled the opposition party was completely routed. The platform of the reform party as set forth in a circular issued in February, 1898, and subsequently endorsed at a large meeting held on the 9th of June, 1898, contained four principal points, viz., 1st. Abolishing voting by proxy and establishing election of districts by members residing therein. 2nd. To establish a methodical

and up-to-date method of keeping the financial books of the college with a view of making irregularities impossible. 3rd. To watch more closely over the granting of brevets and licenses. 4th. To give the profession better protection against charlatans and those practising without a license. Such were the four cardinal points of the platform of the new Board, and we know that every member of it felt it to be his personal duty to assist in attaining the end desired. Three years is not a long period in which to accomplish great reforms, especially as the Board as such only meets twice a year, and then only for one day. As a matter of fact, the duty of carrying out the reforms sought for fell very largely on the President, Dr. E. P. Lachapelle, and the Registrar, Dr. Marsolais, both gentlemen pre-eminently fitted for the position they fill, and for the special work of reform. We have no doubt that the other officers assisted, but on the President and Registrar fell, by far, the major part of the work. Has the Board kept faith with the profession? We believe it has to a very large extent, and, where it has failed, it has been due to what we may call the impossible. The great scheme of district elections is now law, and the new Board will be so elected in coming September. The details of this scheme, although somewhat cumbersome, are yet as simple as it was possible to make them. This has so long been demanded by the profession we trust it will take an active interest in it. If it does we will have for the first time a thoroughly representative Board. No longer can any man "make" a Board as has been the case in the past by securing a majority of proxies. The matter of a new system of bookkeeping was not so easy of quick solution. Difficulties were experienced in getting possession of the books of the College, and great difficulty in disentangling them. The auditor employed by the Board was not only able but painstaking, and, after a couple of years work, he brought order out of chaos, and we have reason to know that a clear and simple method of bookkeeping is now in use. Much attention has been given by the

Credential Committee of the Board to the candidates for brevets and for licenses. If as much has not been accomplished in this direction as was hoped would be and was desirable, it is neither the fault of the Board or the Committee, but largely of our Legislature. One thing, however, is to our knowledge very clear—that a large number of irregulars have, during the last three years, been dealt with, and under the Pineault and Roy amendments have been granted licenses. The slate is being quickly cleared, and it is hoped that in the near future these irregular cases will greatly diminish. What strikes one, who is the member of the Credential Committee, as more than passing strange is the apparent absolute ignorance of the law of a very large number of those who enter upon the study of medicine. The question of taking proceedings against the large number of charlatans in this province has seriously occupied the attention of the Board, and quite a large number of actions have been taken. Law is proverbially uncertain, and the Board has not been as successful in this department of its work as it hoped to be. But its legal adviser says it is because the law is badly drawn and leaves many loopholes for escape. Doubtless he knows, but does he know how to stop these loopholes. If he does then he possesses more knowledge that should be beneficial to the College than has any of its previous legal advisers, either living or dead. We have known the medical law for twenty-five years, and each legal adviser has proclaimed its inadequacy, and set to work to make it perfect. How great their failure has been can only be understood when we read that it is still very difficult to get convictions under it. All these improvements have cost a great deal of money, but we believe that the money has been justly expended. What has been gained is well worth what it has cost. Notwithstanding all the necessary outlay the College shows a satisfactory balance sheet.

Two issues of the Register have been published, and, although far from being perfect, a state of things possibly impossible of accomplishment, yet they are a decided im-

provement on previous issues. It is our opinion, therefore, that the present Board has justified its election. If succeeding Boards continue the good work it is possible to imagine in the near future a time when the profession in this province will look on the Board as its friend and protector, instead as heretofore has been the case looking upon it as its enemy.

NEW MEDICAL SOCIETY.

The medical men of Three Rivers and vicinity have organized a Medical Society. Dr. Normand is the first President, and Dr. Darche, the Secretary.

Personal.

Dr. Jas. Stewart, Professor of Medicine in McGill Faculty of Medicine, has been elected Vice-President of the Association of Physicians.

Dr. J. M. Jack (M.D., Bishops, 1889) has been appointed Lecturer on Dermatology in Bishops' College, Medical Faculty. He has also accepted the position of Registrar.

Dr. W. J. Alexander, an old graduate of Trinity College, Toronto, is physician in charge of the Emmans Asylum for Epileptics and Feeble-Minded at Marthasville, Mo., U.S.

J. Pierpont Morgan has donated $1,000,000 to Harvard University Medical School, which is to be used in the construction of new buildings, thoroughly up to date in every respect.

Dr. Hunt (M.D., McGill), who has practiced in Sheffield, England, for many years, visited Montreal early in June. He favoured the editor with a call, but unfortunately he was out of the city.

Dr. A. C. Lopez (M.D., Bishops, 1900), of Manchester, Jamaica, has just arrived home, after spending a year in Edinburgh. He successfully passed the examination for the triple qualification.

Dr. James Ogilvie (M.D., Bishop's, 1884), of Kingston, Jamaica, West Indies, has been elected Provincial Grand Master, Scotch Register, and on June 6th was duly installed into that important office.

Dr. Vineberg (M.D., McGill, 1878), Holmes gold medallist, has recently been appointed Adjunct Attending Gynæcologist to the Mount Sinai Hospital, New York. He also holds the position of Attending Gynecologist to St. Mark's Hospital, New York.

Dr. Henry B. Chandler (M.D., Bishop's, 1880), is Professor of Opthalmology in Tuft's Medical School, Boston. This school has in course of erection a new building for its work, which it is said will be the most complete building for medical instruction on this continent.

Dr. Tomkins (M.D., Bishop's, 1901), and Dr. Gillespie, (M.D., Bishop's, 1901), have been appointed Resident Medical Officers to the Western General Hospital. Dr. Alexander Macdonald (M. D., Bishop's, 1900) has been appointed Medical Superintendent of the Western General Hospital.

Dr. G. T. Ross, who for many years filled the position of Registrar to the Medical Faculty of Bishop's University, had the degree of D.C.L. conferred upon him by the University at its annual convocation at Lennoxville on the 25th of June. This was a courteous recognition of his long and faithful service in a very onerous office.

The fortieth anniversary of Sir Wm. Hingston's connection with the Hotel Dieu, Montreal, as a surgeon, was celebrated on May 6th. Archbishop Bruchesi began the ceremonies by the celebration of mass in the chapel, after which the surgeons of the Hotel Dieu presented Sir William with an address and an urn of great value. The students of Laval University presented him with an address. Sir William is now seventy-three years old and is still actively engaged in surgical work.

The Hon. Ella Campbell Scarlett, M.D., daughter of Lady Abinger, sailed the end of May for South Africa, having been appointed by the Colonial office one of the doctors to the refugees' camp in the Orange River. Colonel Lady Abinger, *nee* Magruder, met Lord Abinger in 1862 in Montreal. He was an officer in the Scott's Guards, stationed then in Montreal, and Miss Magruder, a Southern lady, left her home owing to the American Civil War. They were married in Christ Church Cathedral, in Montreal.

PUBLISHERS DEPARTMENT.

NEWS ITEMS.

One of the most remarkable but least-noticed facts in connection with the war in the Transvaal is the extreme youth of a large part of General De Wet's army. When hostilities broke out almost every grown man enlisted, even the enfeebled, but the pace has been too rapid for the venerable burghers. As they were killed or incapacitated their places have gradually been taken by mere school-children, many only thirteen or fourteen years of age. Under the title of "The Youngest Soldiers in the World," in the June *Cosmopolitan*, Allen-Sangree throws more light on the make-up and life of General De Wet's commandoes than anything hitherto published. The naïve, simple letter from fourteen-year-old Deneys Reitz to his father, the Secretary of State of the Transvaal Republic, has seldom been equalled for vital interest by any carefully written article on the war.—*Can. Med. Rec.*

SANMETTO IN ENLARGED OR ATROPHIED PROSTATE, WITH URINARY DIFFICULTIES.

The cases in which I have had occasion to use Sanmetto are quite numerous and varied, both acute and chronic, and when indicated have produced very satisfactory results, both to me as well as to the patient. For a period of three years Sanmetto has been my sheet-anchor in the large majority of cases of prostatic and urinary difficulties, both in enlarged prostate as well as atrophied conditions. I may sum up the whole category of prostatic and urinary ailments, and say in my experience that Sanmetto covers more general indications and is more reliable in my hands than any other remedy. I use and have great confidence in Sanmetto.

J. S. FISHER, M.D.,
1876 Pulte Med. Col., Mem. Nat. Homeo. Med. Assn., Mem. Ohio State Med. Soc. & N. W. Ohio Med. Soc. & Toledo Med. Soc.

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